



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR PROPOSAL (RFP)

Original

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600477
TITLE: Alternatives to Abortion Program Services
ISSUE DATE: 2/17/16

REQ NO.: NR 300 30006000002
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: March 29, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH
[HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL TO: (U.S. Mail) PURCHASING or (Courier Service) PURCHASING
PO BOX 809 301 WEST HIGH STREET, RM 630
JEFFERSON CITY MO 65102-0809 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration
Commissioner's Office
State Capitol Building, Room 125
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

| | | | |
|--|---|--|---|
| DOING BUSINESS AS (DBA) NAME Faith Maternity Care | | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Kingdom Ministries | |
| MAILING ADDRESS PO Box 6232 | | IRS FORM 1099 MAILING ADDRESS PO Box 6232 | |
| CITY, STATE, ZIP CODE Fulton, MO 65251 | | CITY, STATE, ZIP CODE Fulton, MO 65251 | |
| CONTACT PERSON Laura Griggs | | EMAIL ADDRESS treasurer@faithmaternity.com | |
| PHONE NUMBER 573-642-7414 | | FAX NUMBER 573-642-8184 | |
| TAXPAYER ID NUMBER (TIN) 13-4218080 | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN | | VENDOR NUMBER (IF KNOWN) 13421808001 |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE Laura Griggs | | DATE 3/14/2016 | |
| PRINTED NAME Laura Griggs | | TITLE Treasurer | |

Kingdom Ministries, Inc
Faith Maternity Care of Mid-Missouri

| | |
|---|-----------|
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Careful review and consideration was given to the following appendices, however, we were unable to determine any need for services or products from the WBE/MBE/Service-Disabled Veteran qualified businesses, as defined in the RFP, and listed on the Missouri Office of Administration website (www.oa.mo.gov). Based on the prior 13 years of experience and operation, we have never required the need to utilize these services or products.

We are thoroughly committed to making every good faith effort to locate and contract with certified WBE/MBE/Service-Disabled Veteran qualified businesses should any opportunity to do so arise.

PRICING PAGE, continued

| GEOGRAPHIC REGION 4 | | |
|--|--|--|
| Item # | Description | Pricing |
| PROFESSIONAL CASE MANAGEMENT | | |
| 43 | Face-to-Face Professional Case Management | \$ <u>35</u> firm, fixed price per hour |
| 44 | Home Visit Professional Case Management | \$ <u>35</u> firm, fixed price per hour |
| 45 | Non Face-to-Face Professional Case Management | \$ <u>35</u> firm, fixed price per hour |
| NON-PROFESSIONAL CASE MANAGEMENT | | |
| 46 | Face-to-Face Non-Professional Case Management | \$ <u>10</u> firm, fixed price per hour |
| 47 | Home Visit Non-Professional Case Management | \$ <u>10</u> firm, fixed price per hour |
| 48 | Non Face-to-Face Non-Professional Case Management | \$ <u>10</u> firm, fixed price per hour |
| PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING | | |
| 49 | Prenatal Parent Education and Parenting Skills Training/Classes, per individual client | \$ <u>10</u> firm, fixed price per hour, per client |
| 50 | Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting | \$ <u>10</u> firm, fixed price per hour, per group |
| ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING | | |
| 51 | Establishing and Promoting Responsible Paternity Training/Classes, per individual client | \$ <u>10</u> firm, fixed price per hour, per client |
| 52 | Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting | \$ <u>10</u> firm, fixed price per hour, per group |
| HOUSING | | |
| 53 | Residential Care | \$ <u>100</u> firm, fixed price per day (maximum \$100) |
| 54 | Emergency Shelter Housing | \$ <u>60</u> firm, fixed price per day (maximum \$60) |
| 55 | Housing Assistance | \$ <u>500</u> guaranteed not-to-exceed price per client, per month (maximum \$600) |
| ADMINISTRATIVE COST | | |
| 56 | Administrative Cost | <u>8</u> % firm, fixed percentage (maximum 8%) |

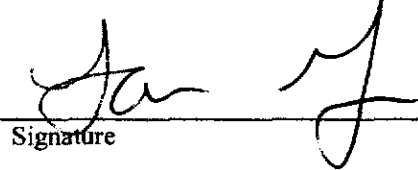
EXHIBIT A**CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO**

Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions

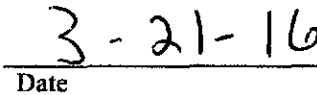
The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Laura Griggs, Treasurer

Name and Title of Authorized Representative



Signature



Date

EXHIBIT B**VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. *Provide a brief company history, including the founding date and number of years in business as currently constituted.*

Faith Maternity Care of Mid-Mo (Faith Maternity) has been in operation since July 2002 as a group maternity home. It has been in continuous operation since 2002, and we are excited to celebrate our 14th anniversary this July. We are able to house 5 residents simultaneously, and are able to provide non-residential services to expectant women and families in need. Since opening our doors, we have had 106 residents and 109 babies born in our residential program.

2. *Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.*

It is our mission to provide housing, healthy pregnancy and parenting training, life skills training, education, counseling, job assistance, adoption assistance, mental health wellness, paternity education, financial assistance, material supplies assistance, and other services to expectant mothers and families who present financial and/or domestic need. We provide all mentioned services to both residents and non-residents. All of this information is also recorded on our website: www.faithmaternity.com

3. *Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.*

We are not currently receiving funds from any other contract outside of the Alternatives to Abortions contract for fiscal year 2015-2016.

4. *List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.*

Contracts gained/lost in past two years:

| <u>Contract</u> | <u>Date Gained</u> | <u>Date Lost</u> | <u>Reason</u> |
|-------------------|--------------------|------------------|-------------------------|
| A2A (State of MO) | July 2014 | May 2015 | Contract period expired |
| A2A (State of MO) | July 2015 | May 2016 | Contract period expired |

In order to protect the privacy of our clients, client results have been compiled anonymously below. A complete listing of specific clients and outcomes will be made available only upon the request of the State. In the last two years we have over fifty (50) non-resident clients and eighteen (18) resident clients.

Of the resident clients, all successfully delivered healthy babies, with a total birth count of twenty (20), with one birth resulting in a set of identical triplets. Of the residential clients, thirteen (13) graduated from the program and moved into their own residence or with family, two (2) were removed from the program after receiving three strikes for non-compliance, one (1) left the program after being arrested and incarcerated, and two (2) are still residents in our program.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

| Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
|---|---|
| Purposes | |
| Identify specific information about experience: | Clearly identify and describe the experience |
| Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives | Provide free housing to expectant mothers and assist in finding residents jobs, completing education, and other services with the goal of the resident reaching self-sufficiency within one year post-partum. Also provide classes, counseling, supplies, and financial assistance for rent/utilities to non-resident women and families. |
| Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage | Assist clients in completing GED, teach job interview skills, and assist with transportation to/from work. Promote relationship recovery through counseling and strongly encourage co-parenting through a multi-session co-parenting course to encourage a working parenting relationship. |
| Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies | Focus on abstinence education and provide professional counseling to all clients to encourage women to realize their own self-worth outside of a unstable sexual relationship. |
| Encouraging the formation and maintenance of two-parent families | Teach two multi-session group courses: "Co-Parenting" and "Making Parenting A Pleasure" that focus on learning to parent responsibly and as a team both in a marriage situation and in situations where client cannot/will not pursue marriage. |

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Faith Maternity is organized into two basic parts: paid staff and an elected, unpaid Board of Directors. The board serves as the main governing body, making all large financial and operational decisions. The board also monitors the progress of the staff. The paid staff consists of five positions: Day and Night Home Supervisors, Program Director, Non-Resident Client Services Director, and Community Outreach Organizer. All paid staff members are responsible for a specific area of the management of the home, and are held accountable by the board. We also have two volunteer professional case managers who operate on an on-call, as-needed basis.

Faith Maternity is not a subsidiary of any corporation. It is its own, separate, autonomic agency.

7. There are no current, pending, or recent legal proceedings for Faith Maternity Care

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Laura Griggs, Treasurer

Name and Title of Authorized Representative

Signature

Date

3-21-16

EXHIBIT D**CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

| | |
|--|---|
| Vendor Name or Subcontractor Name: <u>Faith Maternity Care</u> (if reference is for a Subcontractor): | |
| Reference Information (Current/Prior Services Performed For:) | |
| Name of Reference Company/Client: | State of Missouri |
| Address of Reference Company/Client: | Office of Administration, 301 West High Street, Jefferson City, MO 65109 |
| Reference Contact Person Name, Phone #, and E-mail Address: | Emily Kraft, 573-751-1851, Emily.kraft@oa.mo.gov. |
| Title/Name of Service/Contract | Alternatives to Abortion |
| Dates of Service/Contract: | 2009 - present |
| If service/contract has terminated, specify reason: | |
| Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume | Since 2009, FMC has assisted 62 clients through the funds provided by the A2A program |
| Size of Service/Contract (in terms of vendor's total amount of business) | Contract size varies each year. In the current contract, 2015-2016, FMC has utilized \$57,425.44 in A2A funds (through Feb 2016) |
| Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective | Provides housing to women facing crisis or unplanned pregnancy (ages 18+). Provides related supplies, counseling, transportation, job placement assistance, education assistance, housing/utility assistance, to expectant women and families (both in residential care at FMC and as non-residents). Majority of clients reside in Callaway County, but we also assist clients from the surrounding Audrain, Cole, Boone, and Montgomery counties. |
| Personnel Assigned to Service/Contract (include position title): | Varies for each year, personnel for 2015-2016: Leasa Weghorst, professional case manager Theresa Bounds, professional case manager Anna Dudley, professional case manager Minnie Via, non-professional case manager Michelle Craighead, non-professional case manager Elizabeth Weicken, home supervisor (residential facility) |

EXHIBIT E**EXPERTISE OF KEY PERSONNEL**

| Title of Position: Professional Case Manager (Program Director) | |
|---|--|
| Name of Person: | Anna Dudley |
| Educational Degree (s): include college or university, major, and dates | BA in Psychology, Columbia College 2008 M.Ed in Counseling, Stephens College 2011 |
| License(s)/Certification(s), #(s), expiration date(s), if applicable: | N/A |
| Specialized Training Completed. | Masters degree completed with emphasis in community counseling and marriage/family therapy |
| # of years experience in area of service proposed to provide: | 9 years |
| Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships | Employee, less than one year |
| Describe this person's responsibilities over the past 12 months. | Client intake, assessment for post-partum depression, drug testing and referrals to rehabilitation facilities, case management, teaching prenatal/parenting classes, overseeing program development and compliance |
| Previous employer(s), positions, and dates | Family Facets, intensive in home services specialist 2015 New Horizons, CPRP supervisor/PATH supervisor 2013-2014 Pathways, CPRP supervisor/community support specialist, substance abuse technician, 2007-2010, 2011-2013 |
| Identify specific information about experience in: | Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience |
| ✓ Early childhood development | Family Facets, 2015, taught parents about developmental milestones, made referrals for apparent delays/evaluation. Taught developmentally appropriate activities to parents. |
| ✓ Family/marital counseling | Stephens College Practicum 2010-2011, provided family therapy at Boys and Girls Town (Great Circle), provided couples therapy at Wakonda Institute. |
| ✓ Social work | Pathways, New Horizons, and Family Facets employment included completing assessments and making appropriate referrals to services, contacting care providers and coordinated care, clinical documentation (2009-2015) |
| ✓ Case management | Phoenix Programs (05/11-07/11); Pathways (01/09-03/10; 11/11-12/11); Family Facets (08/15-11/15) - managed case load; met productivity requirement, followed up on referrals; accompanied clients to appointments and assisted in establishing care; coordinated care as needed; taught basic life skills and coached on ADL completion; ensure medication compliance; clinical documentation; client advocacy as needed; SMART goal creation and treatment plan reviews |
| ✓ Program administration | Pathways (12/11-7/13); New Horizons (07/13-03/14) supervised case managers; tracked/problem solved case manager productivity; tracked task completion; mental health assessment and treatment planning; coordinated with Social Security Administration; ensured Medicaid and |

| Title of Position: Professional Case Manager (Program Director) | |
|--|---|
| | Missouri Dept. of Mental Health compliance; reviewed case management documentation; held weekly staff meetings; provided in service trainings to case managers; coordinated with Mental Health Court/Drug Court; completed corporate compliance audits; served on Multicultural/Quality Assurance/Safety committees |

| Title of Position: Professional Case Manager (Assistant) | |
|---|--|
| Name of Person: | Leasa Weghorst |
| Educational Degree (s): include college or university, major, and dates | Associates in Nursing, Lincoln University 2010 BS Psychology, Lincoln University 2012 M.Ed. in Agency Counseling, Lincoln University 2015 |
| License(s)/Certification(s), #(s), expiration date(s), if applicable: | Registered Nurse, MO License 2010023163 expires 2017 |
| Specialized Training Completed. | Passed national counseling exam 2/2016, PLPC application completed and pending |
| # of years experience in area of service proposed to provide: | 3 years |
| Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships | Employee (2 years)/Volunteer and Board Member (1 year) |
| Describe this person's responsibilities over the past 12 months. | Client intake, assessment for post-partum depression, drug testing and referrals to rehabilitation facilities, case management, teaching prenatal/parenting classes. |
| Previous employer(s), positions, and dates | SSM Health, RN, worked as a nurse on the surgical floor and in hospice care. 2010-2012. |
| Identify specific information about experience in: | Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience |
| ✓ Early childhood development | Earned 9 credit hours in developmental psychology 2008-2015 Earned 5 credit hours in pediatric/maternity nursing 2009 |
| ✓ Family/marital counseling | Counseling degree 2015. 1 year internship with limited experience in family/marital clients |
| ✓ Social work | Worked with Faith Maternity Care residents to find resources and access the needs of clients and their child(ren). 2013-2014 |
| ✓ Case management | Case management of residents at FMC from 2013-2014 |
| ✓ Program administration | FMC Board member 2015-2016. Responsible for overseeing program development and grant compliance. |

| Title of Position: Professional Case Manager (Assistant) | |
|---|---|
| Name of Person: | Theresa Bounds |
| Educational Degree (s): include college or university, major, and dates | Masters of Social Work, University of Missouri 2007 Bachelors of Social Work, Columbia College 1997 |
| License(s)/Certification(s), #(s), expiration date(s), if applicable: | N/A |
| Specialized Training Completed. | N/A |
| # of years experience in area of service proposed to provide: | 19 years |
| Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships | Volunteer and Board Member, 5 years |
| Describe this person's responsibilities over the past 12 months. | Client intake, assessment for post-partum depression, overseeing program compliance as a member of the Board of Directors |
| Previous employer(s), positions, and dates | Montgomery County Missouri 2011-present – Support Coordinator (targeted case manager) |
| Identify specific information about experience in: | Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience |
| ✓ Early childhood development | N/A |
| ✓ Family/marital counseling | N/A |
| ✓ Social work | 19 years experience working in the social work field |
| ✓ Case management | 19 years experience working in the social work field |
| ✓ Program administration | FMC Board member 2011-2016. Responsible for overseeing program development and grant compliance. |

| Title of Position: Non- Professional Case Manager | |
|---|---|
| Name of Person: | Dawn (Michelle) Craighead |
| Educational Degree (s): include college or university, major, and dates | BFA from University of Central Missouri 1999 M.Ed in Counseling Psychology from University of Missouri 2015 |
| License(s)/Certification(s), #(s), expiration date(s), if applicable: | N/A |
| Specialized Training Completed. | Mental First Aid certified 2014. Teaching English as a Second Language certified 2011. |
| # of years experience in area of service proposed to provide: | 2 years |
| Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships | Employee, less than one year |
| Describe this person's responsibilities over the past 12 months. | Teaching client classes, assisting professional case manager with referrals, allocating needed supplies for non-residential clients, managing non-resident schedule and materials |
| Previous employer(s), positions, and dates | Employment consultant/job coach – JobPoint 2013-2014 Graduate Assistant for Office of Career Development – University of Missouri 2014-2015 |
| Identify specific information about experience in: | Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience |
| ✓ Early childhood development | N/A |
| ✓ Family/marital counseling | Volunteer mentor for Heart-to-Heart (mentoring program) 2011-2012. Assisted adults with relationship skills, critical life skills. |
| ✓ Social work | Volunteer mentor for Heart-to-Heart (mentoring program) 2011-2012. Assisted adults with job interview skills, money management skills Job Coach for JobPoint 2013-2014. Provided on the job assessment, training, and coaching to employees to help them retain employment |
| ✓ Case management | Job Coach for Alphapointe 2012. Evaluated client career interests, qualifications, and goals. Assisted clients in creating strategies to develop strengths. |
| ✓ Program administration | N/A |

| Title of Position: <u>Lead Home Supervisor (Residential Facility)</u> | |
|---|--|
| Name of Person: | Elizabeth Weicken |
| Educational Degree (s): include college or university, major, and dates | High School Diploma (Mexico, MO) 14 credit hours completed toward nursing degree, Moberly Area Community College |
| License(s)/Certification(s), #(s), expiration date(s), if applicable: | N/A |
| Specialized Training Completed. | CNA training completed, 2009 |
| # of years experience in area of service proposed to provide: | 1 year |
| Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships | Employee, one year |
| Describe this person's responsibilities over the past 12 months. | Client transportation, allocating supplies, assistance professional case manager with referring residential clients, providing emotional support to residential clients, overseeing day-to-day operation of the residential facility under the guidance of the Program Director. |
| Previous employer(s), positions, and dates | N/A (stay-at-home mom) |
| Identify specific information about experience in: | Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience |
| ✓ Early childhood development | N/A |
| ✓ Family/marital counseling | N/A |
| ✓ Social work | N/A |
| ✓ Case management | N/A |
| ✓ Program administration | N/A |

EXHIBIT F**METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. *Identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location.*

Faith Maternity Care has one service location at 1900 Lake Drive. This location is within ten miles of the majority of non-residential clients being served; however, our live-in residents come from all across the state of Missouri. Women typically find us through our website (www.faithmaternity.com) or through a referral from a caseworker, other community organization such as CMCA or Headstart, or local doctors' office. A potential client can reach us anytime of the day or night via a phone call to the FMC office, email us from the "contact us" section of our website, or by stopping by our facility and requesting assistance in person.

2. *Describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients.*

The residential program at FMC serves pregnant women aged 18 and older who are living at or below 185% of federal poverty levels. These women occasionally have older children who they are able to bring with them into the FMC residential program. These women come from diverse ethnic backgrounds, with about 50% being from a minority group (African American or Hispanic).

The non-residential program serves expectant mothers of all ages (minors with the permission of parents or guardians) and co-parenting couples (both married and unmarried). Individuals or families receiving financial (primarily rent and utility) assistance must have an established financial need; however, our educational and emotional support services are available to all members of the community regardless of economic status. The ethnic diversity of our non-residential clients matches that of our residents.

By cooperating with local organizations such as CMCA, adoption agencies, and government social service agencies, along with placing advertisements in high-traffic public areas such as doctors offices and local health departments, we are able to reach clients who represent a diverse cultural and socio-economic background.

3. *Describe the marketing of services.*

Our services are marketed in three distinct ways. First, detailed pamphlets and flyers are made available at most churches, doctors offices, related government agencies (such as the WIC office), and other locations where individuals facing an unplanned or crisis pregnancies are likely to visit. These pamphlets and flyers outline the types of services available at FMC and how to contact us for help. Second, tear off flyers are hung in private public locations (such as restrooms or exam rooms) where a potential client would be able to discretely tear off a tab with our contact information in private. This allows for women in abusive or unsafe relationships to obtain our contact information without putting themselves or their unborn child at risk. Third, we also market our services via our website. A Google search for Missouri Maternity Home will typically have Faith Maternity Care

listed as the second result, with a direct link to our page that includes detailed information on the type of services we offer and how to contact us.

4. *Identify the site where the Individual Risk and Needs Assessment and Initial Client Assessment will be conducted. Describe how client eligibility will be determined.*

When a prospective client contacts us for services, we follow several specific steps to determine eligibility. Most clients contact us by phone, so one of our staff will discuss the types of services available and complete brief eligibility form over the phone. The form is then given to one of our case managers, who contacts the client to complete eligibility determination and line up services.

If the client wishes to be accepted as a resident, the professional case manager completes an interview (usually within one or two days, as the need for placement is usually urgent). If the client is unable to travel to our facility for the interview, it will be conducted over the phone. During the interview the professional case manager meets with the client, determines eligibility (2.5.2, a), requires proof of pregnancy in the form of a pregnancy test from our office or medical release from a practitioner, explains the house rules, our expectation for the client to receive parenting education and job skills training, and our expectation that the client adopt/continue a drug free lifestyle that benefits both mom and baby. The client's financial need will also be assessed, either by faxed copies of the A2A required documents (2.5.2 b) or assessment of documents in person to ensure that the client is below the 185 percent of the federal poverty level. If the client is willing to agree with the expectations and meets eligibility requirements, she will meet with a professional case manager to have an Individual Risk and Needs Assessment completed as a final assessment, and is then accepted into the program upon signing a consent form to receive A2A services.

The acceptance procedure for non-residents is identical, excepting acceptance of house rules since they will not be residing at the facility.

5. *Describe the development and updating of the Individualized Pregnancy Continuation Plan including the involvement of the client in the process.*

Within ten (10) days of a client's acceptance into the FMC program, an IPCP is created with a cooperative effort of the client and the professional case manager (2.5.4 d). The professional case manager is equipped with a series of questions to identify a client's current education level, financial needs, general mental and physical health, and goals that she would like to achieve. A goal sheet is completed and is reviewed with the client once each month in a face-to-face meeting (2.5.4 e). Two to three of the client's goals are identified, and once the goals are reached, are replaced with other goals/needs that were identified on the IPCP.

6. *Provide a detailed description of the case management process. Identify the hours of service including emergency coverage outside of business hours and weekends.*

The majority of case management services are handled by the Program Director (a professional case manager) between the hours of 9-5 Monday through Friday. Residential clients are required to meet with a professional case manager for one hour once or twice a week for any prenatal/parenting educational needs (2.6.1 a), and at least one hour a month for reviewing goal sheets and assistance with other, non-educational needs identified in the IPCP. Our non-residential clients are required to meet with either the professional or non-professional caseworker either face-to-face at the FMC facility, at their home, or at a predetermined safe location, at least twice a month. In the event of an emergency, clients can reach a staff member 24/7 by phone at the FMC office. Along with the program director, we also have two volunteer professional case managers to assist with overflow and after-hours needs so that someone is also available to help.

7. *Provide a preliminary outline and description of the proposed content of the required trainings. Additionally, provide copies of any training materials (e.g. manuals, resource books, handouts, reinforcement materials) proposed for use in conducting the training sessions.*

FMC utilizes a variety of up-to-date curriculum that cover the majority of topics required by the RFP (2.6.1). These publications typically include a teachers training manual/guide and student worksheets/fact sheets. These publications include, but are not limited to: "Earn While You Learn", "Making Parenting a Pleasure", "Co-Parenting", and "Into The Womb". In order to comply with copyright laws, we cannot scan and submit copies of the published manuals, but will make the originals available for review upon request (samples are also available for preview at most publisher's websites).

For classes not covered but the pre-published curriculum we utilize pamphlets, fact sheets, and videos provided by the federal government. For example, our class on Immunizations is compiled from the fact sheets available at www.cdc.gov/vaccines and the Missouri Department of Health Immunization pamphlet.

8. *Describe each of the Additional Client Services specified in the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.*

Prenatal Care- Clients who cannot access regular prenatal care are provided transportation to and from all appointments to a provider of their choice in town (Fulton). Clients who are high risk or need a specialized test (ultrasound, etc) are provided transportation to and from a provider of their choice at the nearest major city (Jefferson City or Columbia). Since clients are responsible for choosing their own practitioner, they are able to select a provider that meets their individual needs and expectations. Clients who need transportation at the time of delivery or other emergency can reach a FMC staff member 24/7 at the FMC office for transportation.

Clients who do not have insurance are immediately assisted with applying for Medicaid or for insurance through the state exchange. While the client waits for confirmation of coverage, FMC will cover costs of immediately necessary medications (such as prenatal vitamins and diabetes monitors) and communicate with the doctor so that visits can be billed for once a Medicaid number is available.

Medical Care – Please see "Prenatal Care"

Mental Health Care - Clients identified as needing mental health care can receive counseling at the FMC office by a registered PLPC once a week or can request to be referred to Options Unlimited to see a psychologist. FMC has negotiated a flat price of \$35/session with a local PLPC for A2A eligible clients. Clients who choose to be seen at Options Unlimited can typically have their visits covered by Mo HealthNet. Between these two options, counselors and psychologists of varying cultural backgrounds and experiences are available.

Newborn or Infant Medical Care – FMC provides transportation to a family doctor/pediatrician of the clients choosing and keeps a calendar of all appointments to ensure that all babies are seen regularly by a physician.

Adoption Assistance - All clients that reflect an interest in adoption are given information on local adoption agencies. A case manager assists the client in understanding the difference between agencies and and with scheduling appointments to work with the agency she has selected. We maintain a database of all agencies that service mid-Missouri, allowing the client to choose an adoption provider that meets her needs and expectations. The adoption agencies typically cover all costs associate with client transportation, legal meetings, and other requirements. Clients that wish to arrange a private adoption with a family member or friend are assisted with locating and transportation to a lawyer and any necessary court dates.

FMC maintains a neutral stance on adoption and neither encourages nor discourages any parent from choosing adoption.

Child Care – Clients who require childcare are first connected with the Headstart Program, as it is the least expensive and most culturally diverse option available. This program offers 30 days of free childcare for parents in our program to ensure that they are able to receive their first paycheck before the first childcare payment is due. FMC also assists the client with budgeting for childcare to ensure the client is prepared to cover payments.

Clothing – FMC maintains a large “store” in the basement of our facility full of donated new and gently used clothes for mothers and children. Clients are outfitted with supplies they need immediately, and have the opportunity to earn ‘baby bucks’ to spend in the store by taking classes and achieving goals. We typically only have to purchase undergarments for clients.

Domestic Abuse Protection – FMC provides transportation to and from court cases associated with domestic abuse/violence, applying for orders of protection, and counseling/emotional support groups at the local women’s center and/or CardV facility.

Drug and Alcohol Testing and Treatment – Clients with a drug history or who are displaying behaviors consistent with drug/alcohol abuse are given random urine, 10-panel tests. Clients who test positive are required to be assessed by a local rehabilitation clinic such as the McCambridge Center (Columbia). If treatment is recommended, clients will be provided with transportation to outpatient groups. Clients who enter inpatient care will be able to rejoin the FMC program upon completion of their treatment. Clients with a history of drug/alcohol abuse are provided a list of local AA/NA meetings and are provided with transportation to meetings to help encourage their sobriety.

Educational Services- FMC pays for and provides transportation to GED classes for any clients who do not have a diploma. Clients who wish to pursue higher education or vocational training are assisted with applying for financial aid, and are able to take online courses using computers available at our office. Transportation is provided for any classes in town (Fulton).

Food – All clients are assisted with applying for WIC and SNAP and are provided transportation to pick up any WIC checks and for all WIC health appointments.

Housing – FMC provides housing in our facility for 5 women and their child(ren). Clients who need short-term emergency housing are put up in a local hotel or licensed shelter. Clients who already have a safe place to live but are facing eviction due to failure to pay rent can receive up to \$500 to cover back-owed rent made payable directly to the landlord.

Utilities- Clients who are having utilities shut off due to failure to pay can receive up to \$500 to cover back-owed bills made payable directly to the provider. Clients must provide notice of shut off or bill showing unpaid balance.

Job Training And Placement – Clients who are unemployed are assisted with creating a resume, picking up and returning applications. Clients are also referred to government services listed in 2.7. In to facility job training and placement. Clients may also be referred to the Callaway Keys organization, which helps provide resume assistance, job interview practice, and proper interview attire. All services they provide are free and led by volunteers from a variety of jobs and backgrounds in the community.

Supplies – FMC keeps a large “store” in the basement of the facility that includes a wide variety of donated baby, maternity, and nursing/formula feeding supplies. Clients can “purchase” these goods with points earned by taking classes and meeting their personal goals in the FMC program. Clients who have an emergency need, such as a safe sleep space for a newborn, will be given a pack n’ play or crib. If FMC does not have any available, we transport the client to Birthright in Jefferson City where they can

receive a voucher for a free pack n' play. If Birthright does not have any vouchers left, FMC will purchase a new pack n' play for the client.

Transportation – FMC has two staff operated vehicles that provide free transportation to doctor's appointments, work, school, and any other locations identified in the IPCP. In the event of a schedule conflict between several clients, Medicaid transport will be scheduled for medical visits, or the public bus provided by SERVE will be contracted to transport the client. SERVE is a non-profit, grant funded organization that provides affordable transportation to the underprivileged in Callaway county.

Ultrasound Services – Ultrasound services are treated in the same was as "prenatal care" and "medical care" by FMC. FMC does not provide these services in house, but will transport a client to a service location of her choice within 30 miles if identified as necessary by the IPCP or a medical doctor.

Other Services – Since FMC provides free transportation, housing, and material/financial assistance services, other services are rarely required. If further services are identified on the IPCP, FMC will only request the A2A program to be the payer as a last resort.

9. *Describe how the information obtained in the client satisfaction is utilized to improve upon services provided.*

FMC requests that all resident and non-resident clients anonymously complete an A2A provided client satisfaction survey (2.8.3). Clients who are discharged, whether through graduation or dismissal, are also asked to complete a exit survey created by FMC. Surveys are reviewed by the professional and non-professional case managers, and plausible suggestions for program improvements are brought forward to the Board of Directors for discussion.

10. *Describe the plan for developing and implementing an evaluation and continuous quality improvement plan. Include evidence of evaluation and continuous quality improvement process activities that evaluate (1) infrastructure, (2) method of delivery of services, (3) outcomes, and (4) compliance with standards and licensure.*

Evaluation and quality improvement is ensured in three ways: through regular staff reviews by the Board of Directors, by review of client exit surveys by case managers and the Board of Directors, and by monthly Board meetings. The Board completes a review of expectations and duties on all case managers three months after employment, and every six-months afterwards. The Program Director (professional case manager) follows the same schedule with all residential supervision staff. Exit surveys are reviewed by case managers after each client dismissal/graduation to identify areas needing improvement. The Board meets each month to review any changes in operation, identify needed changes, and to ensure compliance with licensure and grant compliance.

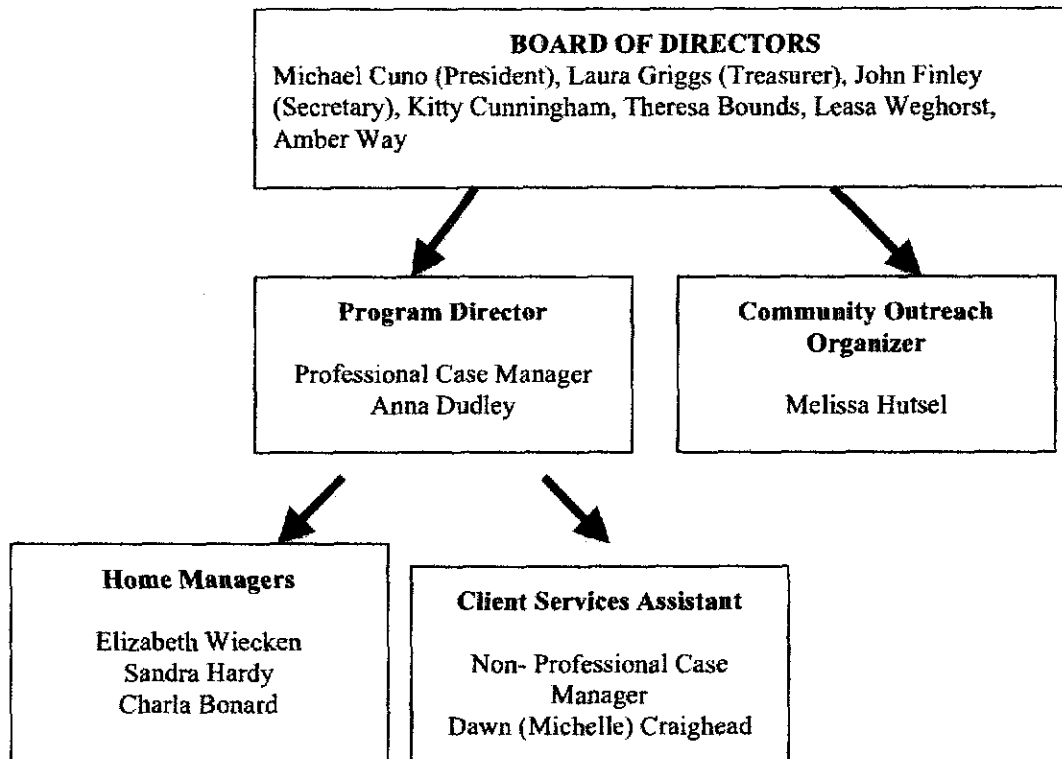
11. *Identify the method of evaluation including indicators that can be measured for continuous quality improvement and capture the data necessary to evaluate the program impact. The plan should address plans and method to improve the program components and continuous quality improvement process activities.*

A client master list that outlines pregnancy success rates, length and types of service required, and reason for program dismissal is kept up to date by the Board of Directors and reviewed annually. Trends are discussed to help improve program outcomes. Monthly reports on client numbers, types of services, and specific needs/issues are provided to the Board by the case managers in order to help quickly identify changing needs in the serviced demographic. All staff are sent to at least one annual training conference to improve skills and competency, typically put on by Alliance for Life or Heartbeat International.

12. *Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel*

and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.



13. Along with a detailed organizational chart, the vendor should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

The Program Director will report directly to the Board of Directors each month with client statistics, services requested, and issues. The Program Director will also directly supervise the residential facility and all staff inside of the residential facility to ensure that the program is operating to A2A standards. The Non-Professional case manager will assist with non-resident supply and educational needs in compliance with each IPCP in order to ensure that FMC can service a larger number of clients (5 residents, 15-20 non-residents maximum monthly).

- Total Personnel Resources** - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.

FMC does not have any other on going contracts outside of the 2015-2016 A2A contract. FMC employs 6-8 paid and trained employees at a time, along with utilizing volunteers on an "as needed" basis. This allows us to serve 5 residents and their children along with 15-20 non-resident clients, maximum, each month.

14. *Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:*

- *Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.*

All employees of Faith Maternity Care are Missouri residents. The majority of the physical resources and materials are provided via donations, but FMC always attempts to purchase needed goods from local businesses before ordering from out of state.

- *Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.*

FMC employees between 6 and 8 individuals at one time. The majority of these individuals are mothers with young children, providing a source of income for these families and reducing their dependence on government services, while generating income tax revenue for the state.

- *Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.*

FMC is a non-profit organization that does not sell any products or merchandise. Our economic presence in Missouri is limited to employment provided (6-8 employees).

EXHIBIT G**IMPLEMENTATION PLAN**

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

Statement of Readiness

Faith Maternity Care has been receiving A2A grant monies since 2009; therefore, we are already set up and operating according to A2A standards. We currently employ one full-time professional case-manager (Program Director), one part-time non-professional case manager, three rotating home supervisors for the residential facility, and have two additional professional case managers who assist on an as-needed basis to ensure that a professional case manager is available at all times, in case of emergency.

EXHIBIT H
CLIENT SCENARIO

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client situation described below. The vendor should provide a not-to-exceed total price with a price analysis for the client services identified in the narrative.

Jane Doe has recently learned that she is 12 weeks pregnant.

Jane is 24 years old and a high school graduate with no post-secondary education. Jane has three other children, ages 6, 4, and 18 months. The father of the new baby does not work, and Jane is unsure if he will stay involved once the baby arrives.

Jane works part time at a fast food restaurant making \$8 an hour, but she would someday like to become a nurse. Jane lives in a two bedroom apartment with her three children, but she struggles to pay rent each month. Jane has an old minivan which she uses to get to work, but it frequently breaks down. Jane has never applied for any public assistance programs.

Jane lives in a rural area, about 25 miles from the contractor's service location and has contacted your organization to access the Alternatives to Abortion Program Services and intends to continue with services until 12 months post-partum.

Narrative:

There are two possible scenarios in which FMC can assist Jane:

Scenario 1:

Upon contacting our program, Jane's basic information will be taken by a staff member, followed by a more in-depth phone or in person interview with a professional case manager within 24 hours. Considering Jane's current circumstances, distance from our facility and long-term goals, the professional case manager would most likely believe that, in order for Jane to reach a place of self-sufficiency for herself and her family, she should enter residential care with her children at our facility.

If Jane accepts a residential spot, she will work with the professional case manager to develop an IPCP and a series of short-term and long-term goals. One of these goals would be to work towards her desire to be a nurse. Jane would be assisted with filling out applications with local nursing homes and residential facilities (that offer free CNA training) to help her make the first step toward this goal as well as obtain better paying, full-time employment. Jane would also be assisted with working with local subsidized childcare providers (most likely Headstart) to find reliable child care, with enrolling her older children in school, and with applying for assistance programs such as WIC.

While living at our facility, Jane would not have any expenses for rent, food, transportation, or other necessities so would be able to work with a case manager to develop a budget to help her save money and work towards repairing her vehicle so that she can provide her own reliable transportation to work when she moves out on her own. Jane would also receive weekly prenatal and parenting education to help her prepare for adding a fourth child to her family. If the father of the baby would like to stay involved (which we highly encourage), he will be welcome to join her for these classes, visit during visiting hours, and can also come to us for help or referrals to help find employment. Jane will also be able to choose a doctor for both

herself and her children, and will be provided transportation to each visit and assistance with meeting doctor's guidelines for a safe pregnancy (such as smoking cessation).

Once Jane has saved enough money to pay her rent and utilities regularly as well as repair her vehicle, she will be assisted with finding affordable housing, applying for any assistance that she might require but cannot legally receive while in residential care (such as food stamps). Once Jane has exited the residential program, she will be able to still receive services as a non-residential client. These typically include continued weekly classes and case management, in-home visits if needed to help provide a safe home for the baby, assistance applying for grants and financial aid to continue toward her nursing degree, and baby and maternity supplies as needed.

The staff at FMC works hard to assist women toward self-sufficiency, but sometimes financial self-sufficiency and emotional self-sufficiency do not occur simultaneously. For this reason, we have included two possible pricing charts: one where Jane is prepared both financially and emotionally to exit the residential program after 5 months (8 months pregnant) and one where she feels she needs to continued emotional support provided by residential care through the birth of the baby and remains in the residential program until 3 months post-partum.

5 months residential care/13 months non-residential

| | | |
|---------------------------------|--------------------|----------|
| Residential care | \$100 x 150 days | \$15,000 |
| Maternity/Baby supplies | \$0 (donations) | \$0 |
| Non-residential classes | \$10 x 56 weeks | \$560 |
| Non-residential case management | \$35 x 28 sessions | \$980 |

Total: \$16,540

9 months residential care/9 months non-residential

| | | |
|---------------------------------|------------------|----------|
| Residential care | \$100 x 270 days | \$27,000 |
| Maternity/Baby supplies | \$0 (donations) | \$0 |
| Non-residential classes | \$10 x 36 weeks | \$360 |
| Non-residential case management | \$35 x 18 weeks | \$630 |

Total: \$27,990

SCENARIO 2:

Upon contacting our program, Jane's basic information will be taken by a staff member, followed by a more in-depth phone or in person interview with a professional case manager within 24 hours. Jane expresses a desire to remain in her current location and not moving her family to our residential facility. While FMC will not be able to offer as many services due to her distance from our facility, the case manager would be able to work with the client to develop and IPCP to help her make several steps towards her goals and self-sufficiency. If Jane is unable to provide her own transportation for this important case management session, we will have a staff member pick her up.

First, Jane would be assisted with applying for WIC, SNAP, and other programs to help her take care of her family on her limited income. Second, she would also be assisted with rent for up to 3 months, not to exceed \$500 a month. Third, Jane will be assisted with applying for jobs that would provide more hours, better pay, and be a step toward her desire to become a nurse, such as a residential facility that provides CNA training. Due to her distance from the facility, FMC will not be able to provide transportation to and from work or prenatal appointments. However, if Jane is willing to develop and commit to a budget that includes repairs to her current vehicle, FMC will pay for public transportation for up to 60 days if necessary.

Jane and the baby's father (if he chooses to be involved) will also be provided with parenting/prenatal classes, case management for goal setting, and maternity ad baby supplies. Due to her distance from the facility she will need to provide her own transportation for these needs. Finally, Jane will also be assisted with applying for financial aid and finding courses to meet her schedule in order to take more steps toward becoming a nurse.

21 Months Non-Residential Assistance:

| | | |
|------------------------------|--------------------|---------|
| Rent Assistance | \$500 x 3 months | \$1,500 |
| Transportation Assistance | \$40 x 8 weeks | \$320 |
| Classes | \$10 x 84 weeks | \$840 |
| Professional Case-Management | \$35 x 42 sessions | \$1,470 |

Total : \$4, 130Not-to-exceed price: \$27,990

EXHIBIT I
PARTICIPATION COMMITMENT

Careful review and consideration was given to the following appendices, however, we were unable to determine any need for services or products from the WBE/MBE/Service-Disabled Veteran qualified businesses, as defined in the RFP, and listed on the Missouri Office of Administration website (www.oa.mo.gov). Based on the prior 13 years of experience and operation, we have never required the need to utilize these services or products.

We are thoroughly committed to making every good faith effort to locate and contract with certified WBE/MBE/Service-Disabled Veteran qualified businesses should any opportunity to do so arise.

EXHIBIT J
DOCUMENTATION OF INTENT TO PARTICIPATE

Careful review and consideration was given to the following appendices, however, we were unable to determine any need for services or products from the WBE/MBE/Service-Disabled Veteran qualified businesses, as defined in the RFP, and listed on the Missouri Office of Administration website (www.oa.mo.gov). Based on the prior 13 years of experience and operation, we have never required the need to utilize these services or products.

We are thoroughly committed to making every good faith effort to locate and contract with certified WBE/MBE/Service-Disabled Veteran qualified businesses should any opportunity to do so arise.

EXHIBIT K**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B - CURRENT BUSINESS ENTITY STATUS

I certify that Kingdom Ministries DBA Faith Maternity Care (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Laura Goggs

Authorized Business Entity Representative's
Name (Please Print)

[Signature]

Authorized Business Entity
Representative's Signature

Kingdom Ministries DBA Faith Maternity Care

Business Entity Name

3-21-16

Date

treasurer@faithmaternity.com

E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.



Employment Eligibility Verification

Welcome
Griggs LauraUser ID
GLAU3624Last Login
09:53 PM - 03/22/2016

Log Out

Click any  for help

Home

New Case

View Cases

Search Cases

Edit Profile

Change Password

Change Security Questions

My Account

Edit Company Profile

Add New User

View Existing Users

Close Company Account

My Reports

View Reports

Help Getting Started

View Essential Resources

Take Tutorial

View User Manual

Share Ideas

Contact Us

Company Information

Company Name: Kingdom Ministries

[View / Edit](#)

Company ID Number: 957234

Doing Business As (DBA) Name: Faith Maternity Care

DUNS Number:

Physical Location:

Address 1: 1900 Lake Drive

Address 2:

City: Fulton

State: MO

Zip Code: 65251

County: CALLAWAY

Mailing Address:

Address 1: PO Box 6232

Address 2:

City: Fulton

State: MO

Zip Code: 65251

Additional Information:

Employer Identification Number: 134218080

Total Number of Employees: 5 to 9

Parent Organization:

Administrator:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 623 - NURSING AND RESIDENTIAL CARE FACILITIES

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 1

[View / Edit](#)[Print Page](#)

EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Laura Griggs (Name of Business Entity Authorized Representative) as Treasurer (Position/Title) first being duly sworn on my oath, affirm Kingdon Ministries (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Kingdon Ministries (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

[Signature] Laura Griggs
Authorized Representative's Signature Printed Name
Treasurer 3-23-16
Title Date
treasurer@faithmaternity.com 957234
E-Mail Address E-Verify Company ID Number

Subscribed and sworn to before me this 23 (DAY) of March 2016 (MONTH, YEAR). I am
commissioned as a notary public within the County of Callaway (NAME OF COUNTY), State of
Missouri (NAME OF STATE), and my commission expires on 11-21-19 (DATE).

[Signature] 3-23-16
Signature of Notary Date

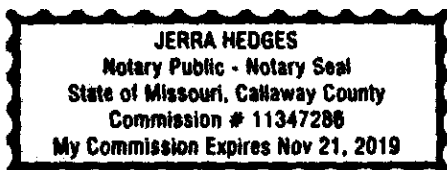


EXHIBIT L**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Kingdom Ministries DBA Faith Maturity Care
Company Name

DUNS # (if known)

Laura Griggs
Authorized Representative's Printed Name

Treasurer
Authorized Representative's Title

[Signature]
Authorized Representative's Signature

3-21-16
Date

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

EXHIBIT M**MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

| | | |
|---|----------|----------------|
| Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States? | Yes ____ | No <u>X</u> __ |
| If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf) | Yes ____ | No ____ |
| If YES, mark the appropriate exemption below, and provide the requested details: | | |
| 1. ____ Unique good or service. • EXPLAIN: _____ | | |
| 2. ____ Foreign firm hired to market Missouri services/products to a foreign country. • Identify foreign country: _____ | | |
| 3. ____ Economic cost factor exists • EXPLAIN: _____ | | |
| 4. ____ Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ____ % • Specify what contract work would be performed outside the United States: _____ | | |

Employee/Conflict of Interest:

| | |
|--|---------------|
| Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information: | |
| Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof: | N/A |
| If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed: | N/A |
| Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof: | ____ 0 ____ % |

EXHIBIT M, continued**Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

| | |
|---|--|
| N 00069672 | Kingdom Ministries DBA Faith Maternity Care |
| <i>Charter Number (if applicable)</i> <i>Company Name</i> If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption: | |

JASON KANDERMISSOURI
SECRETARY
OF STATE

MISSOURI ONLINE BUSINESS FILING

[? Online Help](#)

Nonprofit Corporation Details as of 3/22/2016

*Required Field

File Documents - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click FILE COPIES/CERTIFICATES.

Select filing from the list.
 Amended and Restated Articles of Incorporation
 Filing Type

| General Information | Filings | Address | Contact(s) |
|---|---------|--|------------|
| Name KINGDOM MINISTRIES | | Address 1800 Lake Drive PO Box 6232 Fulton, MO 65251 | |
| Type Nonprofit Corporation | | Charter No. N00069672 | |
| Domesticity Domestic | | Status Good Standing | |
| Registered Agent GRIGGS, LAURA 1906 LAKE DRIVE Fulton, MO 65251 | | Date Formed 7/8/2002 | |
| Duration Perpetual | | | |
| Report Due 8/31/2016 | | | |

The information contained on this page is provided as a public service, and may change at any time. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights.

Attachment 7: Federal Funding Accountability and Transparency Act (FFATA) Data Form**See instructions for additional information*

| | | | |
|------------------------------------|------------------------------|-------|-----------------------------|
| Legal Business Name of Entity | Kingdom Ministries | | |
| Doing Business As (if different) | Faith Maternity Care | | |
| Street Address | 1900 Lake Drive | | |
| City | Fulton | State | MO Zip Code + 4* 65251-5572 |
| DUNS Number* | 8301950666 | | |
| Parent Organization's DUNS Number* | N/A | | |
| Principal Place of Performance* | N/A | | |
| Contact Person's Name / Title | Laura Griggs, treasurer | | |
| Contact Person Phone Number | 573-642-7414 | | |
| Contact Person E-Mail | treasurer@faithmaternity.com | | |

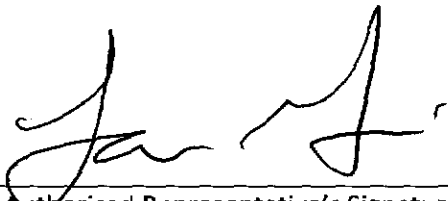
Executive Compensation Information***Complete this section if required. See instructions for additional information before completing.*

List the organization's top five most highly compensated executives for the preceding contractor fiscal year.

| Name | Amount |
|------|--------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Certification:

I attest the facts stated above are true and correct.



Authorized Representative's Signature

Laura Griggs

Printed Name

Treasurer

Title

3-22-16

Date

No. N00069672

STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF INCORPORATION

MISSOURI NONPROFIT

WHEREAS, duplicate originals of Articles of Incorporation of
KINGDOM MINISTRIES

have been received and filed in the office of the Secretary of
State, which Articles, in all respects, comply with the
requirements of Missouri Nonprofit Corporation Law;

NOW, THEREFORE, I, MATT BLUNT, Secretary of State of the
State of Missouri, by virtue of the authority vested in me
by law, do hereby certify and declare this entity a body
corporate, duly organized this date and that it is entitled to
all rights and privileges granted corporations organized under
the Missouri Nonprofit Corporation Law.

IN TESTIMONY WHEREOF, I have set my
hand and imprinted the GREAT SEAL of
the State of Missouri, on this, the
8th day of JULY, 2002.



Matt Blunt

Secretary of State

\$25.00

State of Missouri

EXEMPTION FROM MISSOURI SALES AND USE TAX ON PURCHASES AND SALES

Issued to:

FAITH MATERNITY CARE
201 W 7TH ST
FULTON MO 65251

Missouri Tax I.D.
Number: 19537433

Effective Date:
06/27/2006

Your application for sales/use tax exempt status has been approved pursuant to Section 144.030.2(19), RSMo. This letter is issued as documentation of your exempt status.

Purchases by your Organization are not subject to sales or use tax if within the conduct of your Organization's exempt charitable, religious or educational functions and activities. When purchasing with this exemption, furnish all sellers or vendors a copy of this letter. This exemption may not be used by individuals making personal purchases.

A contractor may purchase and pay for construction materials exempt from sales tax when fulfilling a contract with your Organization only if your Organization issues a project exemption certificate and the contractor makes purchases in compliance with the provisions of Section 144.062, RSMo.

Sales by your Organization are not subject to sales or use tax if within your Organization's exempt charitable, religious or educational functions and activities. If your Organization engages in a competitive commercial business that serves the general public, even if the profits are used for purposes of your exempt function, you must obtain a Missouri Retail Sales Tax License and collect and remit sales tax.

This is a continuing exemption subject to legislative changes and review by the Director of Revenue. If your Organization ceases to qualify as an exempt organization, this exemption will cease to be valid. This exemption is not assignable or transferable. It is an exemption from sales and use taxes only and is not an exemption from real or personal property tax.

Any alteration to this exemption letter renders it invalid.

If you have any questions regarding the use of this letter, please contact the Taxation Bureau, P.O. Box 3300, Jefferson City, MO 65105-3300, phone 573-751-2836.

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"Alternatives to Election"
Dec March 2016